# ATTACH A SMALL PHOTOGRAPH EXACTLY 1½" X 2¼" THAT HAS BEEN TAKEN WITHIN THE LAST 12 MONTHS OF THE DATE OF THIS APPLICATION SHOWING A FULL FACE VIEW COVERING HALF OF THE WIDTH OF THIS SPACE WITH NO HEAD COVERING, CAP OR HAT.

# FOR BOARD USE ONLY

DATE RECEIVED

FILE NUMBER

TRANSACTION NUMBER

### STATE OF TENNESSEE



## BOARD OF EXAMINERS FOR LAND SURVEYORS

500 JAMES ROBERTSON PARKWAY, 3<sup>RD</sup> FLOOR NASHVILLE, TN 37243-1146 615-741-3611

FAX: 615-532-9410

www.state.tn.us/commerce/boards/surveyors/index

# Application for Professional Land Surveyor-in-Training

THIS IS NOT AN APPLICATION FOR REGISTRATION OR LICENSING AS A PROFESSIONAL LAND SURVEYOR AND ANY DESIGNATION OR RECOGNITION BY THE BOARD WILL NOT, IN ANY WAY, OR DEGREE ENTITLE THE APPLICANT TO PRACTICE OR OFFER TO PRACTICE LAND SURVEYING. THIS APPLICATION IS PROVIDED BY BOARD POLICY TO ALLOW THOSE APPLICANTS THAT QUALIFY UNDER TCA 62-18-109(A)(i), (B)(i) OR (C)(i) TO TAKE THE NCEES EXAMINATION, FUNDAMENTALS OF LAND SURVEYING (FS), AND BE ACKNOWLEDGED AS PROFESSIONAL-LAND SURVEYOR-IN-TRAINING (PLSIT).

IMPORTANT – PLEASE READ AND UNDERSTAND THIS FORM AND THE TENNESSEE LAWS BEFORE YOU COMPLETE THIS APPLICATION. ALL INFORMATION REQUESTED ON THIS FORM MUST BE TYPEWRITTEN, LEGIBLY PRINTED, OR FILLED OUT ONLINE AND ALL QUESTIONS MUST BE ANSWERED. RETAIN A COPY FOR YOUR FILES. IF COMPLETE ADDRESSES FOR UNIVERSITIES AND ALL REFERENCES ARE NOT PROVIDED, THIS APPLICATION WILL BE RETURNED.

APPLICATION MUST BE ACCOMPANIED WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$25.00 MADE PAYABLE TO THE TENNESSEE BOARD OF EXAMINERS FOR LAND SURVEYORS AND MAILED TO 500 JAMES ROBERTSON PARKWAY, 3<sup>rd</sup> FLOOR, NASHVILLE, TN 37243-1146.

1.	GE	NERAL INFORMATION				
	a.	Name in full			SSN_	
		First	Middle	Last		
	b.	Residence address Street No.			(	) Telephone No.
		City		County		State/Zip
	C.	Business name and address				( )
			١	Name		Telephone No.
		Street No	City	State/Zip	<u>—</u>	Position
	d.	E-mail Address				
	e.	Address for Correspondence:	Residence	Business		
	f.	Date of Birth		Place of Birth		
	g.	Can you speak and understand the	ne English languag	e?		
	h	Do you require special accommo	dations in taking ar	evamination?		

i.	Have you ever filed an application with this Board? When?	
j.	Has your name changed since birth?same name?	
k.	Have you ever been disciplined by any state licensing authority?	
l.	Have you ever been denied registration or had your license suspends of so, name state and year	
k.	Have you ever been convicted of a felony?	

2. **EDUCATION RECORD** – You must submit <u>CERTIFIED</u> transcripts with your application. You must highlight or list on separate sheet attached to the transcript all surveying related courses you are claiming for credit under the provisions of TCA 62-18-109 for eligibility categories B or C.

NAME AND COMPLETE ADDRESS OF	YEARS ATTENDED		MAJOR	DATE OF	DEGREE
COLLEGE OR UNIVERSITY	From	То		GRADUATION	RECEIVED

personal knowledge of your charact	er, knowledge, and reputation. In person with knowledge of you	ably licensed land surveyors, who must have n the case of graduating seniors, one reference r academic status and education qualifications. Il expedite this process.			
		STATE OF REGISTRATION			
NAME OF REFERENCE	COMPLETE ADDRI	ESS AND LICENSE NUMBER			
	AFFIANT				
/To be attented to be	AFFIANT	ith orized to administer eaths.)			
(To be attested to be	fore a Notary Public or other office au	ithorized to administer daths.)			
I hereby make application for designation as a Professional Land Surveyor-in-Training (PLSIT) to be acknowledged by the Tennessee State Board of Examiners for Land Surveyors and that I am now committed to and endeavor to complete the additional requirements to become a registered and licensed professional land surveyor in the State of Tennessee. I fully understand that the designation as PLSIT does not entitle me to practice land surveying to any extent without being under the direct supervision and responsible charge of a Tennessee licensed land surveyor.					
		Signature of Applicant			
STATE OF					
COUNTY OF					
On the day of	,	20, before me, a Notary Public in and			
for the County and State aforesaid, came, a resident of					
	County and State of				
known to me as the person herein described and subscribing hereto, and as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.					
		Signature of Affiant			
Subscribed and sworn to before me, on the _	day of	, 20			
		Notary Public			
(Seal)	My commission expires	•			